STATE OF NEW YORK DEPARTMENT OF FINANCIAL SERVICES

DATA REQUIREMENTS FOR MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS

Greater Tompkins County Municipal Health Insurance Consortium
Name of MCHBP

FOR THE FISCAL QUARTER ENDING

June 30, 2016

To be filed 45 days from fiscal quarter end

Two copies of this Form bearing original signatures and notarization should be filed with the Department of Financial Services at the following address:

New York State Department of Financial Services
Health Bureau
One State Street, 11th Floor
New York, New York 10004

2015 Revision

MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS (MCHBP) — NEW YORK DATA REQUIREMENTS

QUARTERLY STATEMENT

FOR THE QUARTER ENDING	June 30, 2016	
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OF THE CONDITION AND AFFAIRS OF

Greater Tompkins County Municipal Health Insurance Consortium (Name)

A Municipal Cooperative Health Benefit Plan organized under the laws of the State of New York made to the New York State Department of Financial Services pursuant to the laws thereof.

Date Certified As An MCHBP:	October 1, 2010			
Commenced Business:	January 1, 2011			
Mailing Address:	c/o Richard Snyder, Directo	r of Finance, Tompkins Cour	nty, 125 East Court Stree	t, Ithaca, NY 14850
Address of Main Administrative Office:	Same as Mailing Address			
Telephone Number:	(607)-274-5502	Employer's ID Number:		27-1447438
Principal Location of Books and Records:	Same as Mailing Address			
Name of Administrator:	N/A			W. W
Name of Statement Contact Person:	Donald Barber, Executive D	irector		
Statement Contact Person E-mail	EDConsortium@tompkins-o	o.org	Telephone Number:	(607)-539-3395
Service Areas (Counties):	Tompkins			
		OFFICERS*		
President:	Judith Drake	<u> </u>	Other Officers:	Rordan Hart, Vice Chairperson
Secretary:	Charles Rankin			Richard Snyder, Treasurer
Chief Financial Officer:	Steven P. Thayer	i l	-	Donald Barber, Executive Director
Chief Financial Officer.	oteveri . mayer			
		GOVERNING BOARD*	·	
Name	<u>Title</u>	4711	I a	Municipality
Steven P. Thayer Judith Drake	CFO President		City of Ithaca Town of Ithaca	
Donald Barber	Executive Director		Town of Caroline	
Charles Rankin Rordan Hart	Secretary Vice Chairperson		Village of Groton Village of Trumansburg	
Rick Snyder	Treasurer		County of Tompkins	
Mack Cook John Fracchia	Board Member Board Member		City of Cortland Town of Caroline	
Laura Shawley	Board Member		Town of Danby	
Mary Ann Sumner Herb Masser	Board Member Board Member		Town or Dryden Town of Enfield	
Don Scheffler	Board Member		Town of Groton	
Kathy Miller Nancy Zahler	Board Member Board Member		Town of Lansing Town of Ulysses	
Alvin Doty	Board Member		Town of Willet	
Peter Salton Michael Murphy	Board Member Board Member		Village of Cayuga Height Village of Dryden	nts
Genevieve A. Suits	Board Member		Village of Homer	
Jim Bower	Board Member		CSEA, Tompkins Cortia CSEA, County of Tomp	and Community College
Phil Van Wormer Olivia Hersey	Board Member Board Member		CSEA, County of Tomp	KITIS
Amy Guerreri	Board Member		County of Tompkins	
Thomas Adams Tom Brown	Board Member Board Member		Town of Marathon Town of Truxton	
Eric Snow	Board Member		Town of Virgil	
OTATE OF NEW York		7	(
STATE OF New York				
COUNTY OF	Tompkins			
Judith Drake	, President,	Charles Rankin		, Secretary,
Steven Thayer records of the MCHBP) of the		Corresponding person havin		
and says that they are the above described off	icers of the said MCHBP, and		stated above, all of the h	
assets were the absolute property of the said it this Statement, together with related exhibits, s	MCHBP, free and clear from a	any liens or claims thereon, e	except as herein stated, a	nd that
statement of all the assets and liabilities and of				
its income and deductions therefrom for the pe	riod reported, according to th	e best of their information, kr	nowledge and belief, resp	ectively.
Subscribed And Sworn To Before Me This	1242	Day of	Judith Drake	President
August	20110		0 4	000
(Month)	(Year)	L)	Charles Rankin	Secretary
atherine Cones	d		Steven Thayer	Thief Financial Officer
NOTARY PUBLIC	3	1 8		//
(Seal)		1	0.00	(Corporate Seal)
CATHERINE CO	VERT			40)
Notary Public, State o No. 498315	TINEW YORK	1		
No. 498315 Qualified in Tompkin	ns County 🗻			
Commission expires dur	ie 24, 20 <u>/9</u>			
	(a) Is this an original filing?	T	Yes [X]	No. I
			ico[V]	No[]
	(b) If no:	(i) state the amendment nur	nber	
		(ii) date filed		
		(iii) number of pages attache	ed	

Revised 2015

^{*}Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

STATEMENT AS OF

June 30, 2016 (Quarter Ending)

REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1	2
	Total	Total
1. Bonds (Schedule B line 0199999, Page NY 9)		-
2. Stocks:		
2.1 Preferred stocks (Schedule B line 0299999, Page NY9)	-	
2.2 Common stocks (Schedule B line 0399999, Page NY 9)		-
3. Real estate		
4.1 Cash (Schedule A Line 0399999, Page NY 8)	15,736,831	15,353,516
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)		15.050.540
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	15,736,831	15,353,516
5. Premiums receivable (Schedule C, NY 10)	333,762	46,866
6. Other invested assets	-	**
7. Receivable for securities		
8. Aggregate write-in for invested assets	10.070.500	15,400,382
9. Subtotal cash and invested assets (Lines 1 to 8)	16,070,593	15,400,382
10. Investment income due and accrued	-	-
11. Reinsurance:		13,034
11.1 Amounts recoverable from reinsurers	-	13,034
11.2 Funds held by or deposited with reinsured companies		-
11.3 Other amounts receivable under reinsurance contracts		
12.1 Current federal income tax recoverable and interest	1	_
thereon	_	
12.2 Net deferred tax asset		
13. Electronic data processing equipment and software		
14. Furniture and equipment, including health care delivery assets		
15. Health care and other amounts receivable	6,757,507	6,740,506
16. Aggregate write-in for other than invested assets	22,828,100	22,153,922
17. Total Assets(Lines 9 to 16)	22,020,100	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS 0801. 0802. 0802. 0804. 0805. 0898. Summary of remaining write-ins for Item 8 from overflow page 0899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS 1601. Restricted Cash 1602. Ancillary Benefits Receivable 1603. Excellus BCBS Prepaid Claims (Advance Deposit) 1604. Prepaid Expenses	6,214,556 - 527,500 15,451	6,213,006 - 527,500
1605.	-	
1698. Summary of remaining write-ins for Item 16 from overflow page	-	-
1699. TOTALS (Items 1601 thru 1605 plus 1698) (Page 2, item 16)	6,757,507	6,740,506

^{*} As reported on Prior Year End filed Annual Statement.

OF THE <u>Greater Tompkins County Municipal Health Insurance Consortium</u> (Name)

REPORT #1 — PART B: LIABILITIES AND NET WORTH

	Current Quarter	Previous Year *
	_1	2 Total
	Total 3,835,935	3,631,889
Total claims payable (Schedule F Line 4, Col D + E, Page NY 11)	328,181	243,894
Premiums received in advance	320,101	2-70,00
General expenses due or accrued		-
Current federal income tax payable and interest thereon		-
2 Net deferred tax liability		
Ceded reinsurance premiums payable	_	
Amounts withheld or retained for the account of others		
Borrowed money and interest thereon		
Payable for securities		
Funds held under reinsurance treaties	11,528	8,983
D. Aggregate write-ins for other liabilities	496,601	441,190
Accounts payable (Schedule G, NY12)	490,001	. 771,100
Claim stabilization reserve		
3. Unearned premiums		
4. Loans and notes payable	-	
5. Aggregate write-ins for current liabilities		4 225 25
5. Total liabilities (Lines 1 to 15)	4,672,245	4,325,956
7. Aggregate write-ins for special surplus funds	2,563,287	2,563,28
Gross paid-in and contributed surplus		40.005.04
Unassigned funds (surplus)	13,672,994	13,385,31
0. Surplus notes		
1. Surplus per Section 4706(a)(5) **	1,919,574	1,879,36
2. Total capital and surplus (Lines 17 to 21)	18,155,855	17,827,96
3. Total liabilities, capital, and surplus (Lines 16 + 22)	22,828,100	22,153,922
002. 003. 004. 005. 098. Summary of remaining write-ins for Item 10 from overflow page		
099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10)	11,528	8,98
ETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT IABILITIES		
501.		
502.		
503.		
504.		
505.		
598. Summary of remaining write-ins for Item 15 from overflow page 599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15)	-	
ETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS		
701. Assigned for Catastrophic Claims	1,050,000	1,050,00
702. Rate Stabalization Reserve	1,513,287	1,513,28
703.	_	
704.	-1	
705.		
705. 798. Summary of remaining write-ins for Item 17 from overflow page 799. TOTALS (Items 1701 thru 1705 plus 1798) (Page 3, Item 17)	2.563,287	2,563,28

^{*} As reported on Prior Year End filed Annual Statement.

^{**} Calculation of current year reserves shown on NY14 (Schedule K).

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND NET WORTH

	Current Fiscal Year to Date	Prior Fiscal Year to Date	Prior Fiscal Year*	Current Fiscal Year to Date	Prior Fiscal Yea
	1 Total	2 Total	3 Total	4 PMPM	5 PMPM
Member Months	30,328	30,176	60,335	XXX	XXX
Net premium income: 2.1 Basic	14,848,689	14,514,417	29,043,537	489.60	481.
2,2 Drugs	4,347,054 19,195,743	4,279,277 18,793,694	8,543,816 37,587,353	143,33 632.94	141.i
Total Change in uneamed premium reserves and reserve for rate credits:	19,193,740	10,700,054	07,159,1555		
3.1 Basic 3.2 Drugs			-		-
3.2 Total			<u>-</u>		
Aggregate write-ins for other health care related revenues Investment	7,546	6,293	13,526	0.25	0.
Non-health revenues	66,044 19,269,333	62,743 18,862,730	128,523 37,729,402	XXX 635.36	XXX 625
Total revenues (Items 2 to 6)	19,205,300	10,002,700	07,729,102		
ospital and Medical:					
Hospital/medical benefits	12,525,427	10,563,421	20,922,952	413.00	346
Other professional services Outside referrals		-	-	-	
. Emergency room and out-of-area	5,183,305	4,083,695	7,827,453	170.91	129
. Prescription drugs . Aggregate write-ins for other hospital and medical	5,183,305			-	
. Incentive pool, withhold adjustments and bonus amounts	126,590	120,048	475,047	4.17	7
. Aggregate write-ins for other expenses . Subtotal (Lines 8 to 15)	17,835,322	14,767,164	29,225,452	588.08	484
ss:	571		185,043	0.02	3
. Net reinsurance recoveries . Total hospital and medical (Lines 16-17)	17,834,751	14,767,164	29,040,409	588.06	481
. Claims adjustment expenses, including cost containment expenses				-	
. General administrative expenses 20.1 Compensation	36,980	32,847	61,511	1.22	1
20.2 Interest expense		-		<u>-</u>	
20.3 Occupancy, depreciation, and amortization 20.4 Marketing	-	-	-	-	
20.5 Professional Fees	55,090 520,760	72,603 496,288		1,82 17.17	16
20.6 Administration Fees 20.7 Consulting Fees	28,022	45,451	69,941	0.92	,
20.8 Aggregate write-ins for other administrative expenses	398,615 1,039,467	275,404 922,593		13,14 34.27	3
20.9 Total administrative expenses Increase in reserves for A&H contracts	-	-	-	_	
, Total underwriting deductions (Lines 18 to 21)	18,874,217 395,116	15,689,757 3,172,973		622,34 13.03	512
Net underwriting gain or (loss) (Lines 7 - 22) Net investment income earned	390,110	5,172,910		-	
. Net realized capital gains or (losses) less capital gains taxes	-	-		-	
. Net investment gains or (losses) (Lines 24 + 25) . Aggregate write-ins for other income or expenses	(67,226)	(63,862	(129,696)	(2.22)	(2
. Net income or (loss) after capital gains tax and before all other	007.000	2 400 444	6 659 435	10.81	110
federal income taxes (Lines 23 + 26 + 27) Federal income taxes incurred	327,890	3,109, <u>111</u> -	6,658,425	_	
Net income (loss) (Lines 28 - 29)	327,890	3,109,111	6,658,425	10.81	110
EALTH CARE RELATED REVENUES 101. 102. 103. 104. 105.	-		-		
98. Summary of remaining write-ins for Item 4 from overflow page 199. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)		-			
ETAILS OF WRITE-INS AGGREGATED AT ITEM 13 FOR OTHER DSPITAL AND MEDICAL 301. 902. 903.	-		. 4	5+	
304.			-	-	
398. Summary of remaining write-ins for Item 13 from overflow page	-		*	-	
399. TOTALS (Items 1301 thru 1305 plus 1398) (Page 4, item 13)	~		-		
ETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER					
XPENSES					
501. NYS Graduate Medical Education Tax 502. ACA Traditional Reinsurance Fee	129,275	119,094		4.26	
503 Flu Clinics	-		6,075	-	
504. Patient Care Outcomes Research Institution Fee (PCORI) 505. ITS Supplemental Fee	(2,685)			(0.09)
598, Summary of remaining write-ins for Item 15 from overflow page	-		-		
599, TOTALS (Items 1501 thru 1505 plus 1598) (Page 4, Item 15)	126,590	120,048	4/5,04/	4	
ETAILS OF WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER					
DMINISTRATIVE EXPENSES	. =				
No. No. No. No. No. No. No. No. No.	15,451 383,164	14,080 261,324		0.51 12.63	
),803.	-		-		
0.804	-		-	-	
0.898. Summary of remaining write-ins for Item 20.8 from overflow page 0.899. TOTALS (Items 20.801 thru 20.805 plus 20.898) (Page 4, item 20.8)	398,615	275,404	670,240	13	
ETAILS OF WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER ICOME OR EXPENSES					
701. Miscellaneous Expenses	(3,017)			(0.10	
702. Insured Ancillary Benefits Expense 703. Other Income	(65,950) 1,741			(2.17 0.06	
704.	-		-	-	
	-		-	-	1
705			-		

^{*} As reported on Prior Year End filed Annual Statement.

OF THE <u>Greater Tompkins County Municipal Health Insurance Consortium</u>
(Name)

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND NET WORTH (Continued)

	Current Quarter	Previous Year *
CAPITAL & SURPLUS ACCOUNT	1	2
•, =	Total	Total
1. Capital and surplus prior reporting year	17,827,966	10,900,699
SAINS AND LOSSES TO CAPITAL & SURPLUS:		
2. Net income or (loss) from Line 30	327,890	6,658,425
Change in valuation basis of aggregate policy and claim reserve		
Change in valuation basis of aggregate policy this start reserve Change in net unrealized capital gains and losses less capital gains tax		*
5. Change in net deferred income tax	-	-
	-	
6. Change in nonadmitted assets		-
7. Change in unauthorized reinsurance		
8. Change in surplus notes		-
9. Cumulative effect of changes in accounting principles		
O. Capital Changes		_
40.1 Paid in		-
40.2 Transferred to surplus		
11. Surplus adjustments:		
41.1 Paid in		
41.2 Transferred from capital	-	
 Dividends to participating municipal corporations (or school districts) 	40.005	76,203
43. Change in surplus per Section 4706(a)(5)	40,205	
44. Change in retained earnings/fund balance	(40,206)	(1,441,711
45. Interest on surplus notes		4.004.050
46. Aggregate write-ins for changes in other net worth items	-	1,634,350
47. Aggregate write-ins for gains or (losses) in surplus		-
48. Net change in capital and surplus (Lines 32 to 47)	327,889	6,927,267
49. Capital and surplus end of reporting period (Line31 + 48)**	18,155,855	17,827,966
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR CHANGES IN		
OTHER NET WORTH ITEMS	s - !	\$ (322.039)
4601. Additional Needed for 12% IBNR	3	443,102
4602. Additional in Catastrophic Claims Reserve		1,513,287
4603. Additional in Rate Stabilization Reserve		1,010,201
4604.		
4605.	-	-
4698. Summary of remaining write-ins for Item 46 from overflow page	~	1,634,350
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page 5, item 46)	-	1,634,350
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR GAINS OR LOSSES) IN SURPLUS		
4701. 4702.	\$ - :	<u> </u>
4702.	-	-
4703.	-	-
1704.	- 1	
4705.	-	
4798. Summary of remaining write-ins for Item 47 from overflow page	-	_
4799. TOTALS (Items 4701 thru 4705 plus 4798) (Page 5, item 47)	-	

^{*} As reported on Prior Year End filed Annual Statement.
** Must agree with Page NY 3 Line 22

GENERAL INTERROGATORIES

OF THE

a)	agi	is any change been made since the last reement; plan document or the number	of participating municipal	nicipal cooperation agreement; administra corporations (or school districts)?	tion	Yes []	No [X]
b)				ocuments filed with the Department of Fin	ancial Services?	Date:	N/A
	i)	If "approved", when was the filing req	uest approved?			Date: Date: Date: Date:	N/A N/A
	ii)	If not "approved" yet, what is the stat	us of the filing request an	d the status date?		Date: Date: Date:	N/A N/A
						Date:	N/A
c)		'Yes", attach current copies of the docu			ä	500	40/04/45
a)		ate as of what date the latest financial e				Date:	12/31/15
b)	co	ate the as of date that the latest financial impany. This date should be the date of released.	al examination report because it is the examined balance s	ame available from either the state or the heet and not the date the report was comp	pleted	Date:	12/31/15
a)	Di	d any person, while an officer, director or priod covered by this statement, any con	or trustee of the reporting	entity, receive directly or indirectly, during transactions of the reporting entity?	the	Yes []	No [X]
b)		"Yes", give particulars:					
	E					-	
. a)	W If	as money loaned, directly or indirectly, "Yes", please complete the schedule be	during the period covered	by this report to any employee, officer, or	r director of the MCHBP?	Yes[]	No [X]
		1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Quarter End	5 Date Original Loan Was Issued
		Totals			0=		
b)	W		prior to the period covere ", please complete the so	d by this report, with an amount still outsta hedule below.	anding, to any employee,	Yes []	No [X]
		1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Quarter End	5 Date Original Loan Was Issued
		Totals					
. a)	Is	the fiscal officer of the MCHBP covere	d by a fidelity bond?			Yes [X]	No []
b)	If	"Yes", give name of surety company, a	nd amount of coverage:				
- 22	If	"Yes", give name of surety company, at	ortium Assistant to the Tre vand Deposit Company of Curich American Insurance	easurer are both covered by the County of f Maryland. Colonial American Casualty a e Company. The coverage provided cove	and Surety Company, 140	honesty Bond (a.k.a. Fide 0 American Lane, Shaum	elity Bond)
b)	If TI 60 an	"Yes", give name of surety company, at he Consortium Treasurer and the Conso his coverage is provided though Fidelity 0196. This company is a subsidary of 2 nd each person is covered up to \$2,000	nd amount of coverage: orlium Assistant to the Tre and Deposit Company o furish American Insurance ,000 maximum.	f Maryland Colonial American Casualty a	and Surety Company, 140 ers embezziement and/or	honesty Bond (a.k.a. Fide 0 American Lane, Shaum	elity Bond)
b)	If THE SECOND SE	"Yes", give name of surety company, as the Consortium Treasurer and the Consolis coverage is provided though Fidelith 0196. This company is a subsidary of 2 and each person is covered up to \$2,000 over all the stocks, bonds, and other see	nd amount of coverage: orlium Assistant to the Tre and Deposit Company o furish American Insurance, 000 maximum. curities owned as of the re	f Maryland. Colonial American Casualty a e Company. The coverage provided cove	and Surety Company, 140 ers embezzlement and/or	honesty Bond (a.k.a. Fide 0 American Lane, Shaum the misappropriation of fu	ality Bond) nburg, IL inds
b) . a) b)	If THE AMERICAN MARKET WAY	"Yes", give name of surety company, at the Consortium Treasurer and the Consortium Treasurer and the Consortium Treasurer and the Consortium Treasurer and the Consortium Treasurer as a subsidary of 2 and each person is covered up to \$2,000 of the Consortium Treasurer and the stocks, bonds, and other second to the Consortium Treasurer and the said date? "No", give location: excluding real estate and investments here all stocks, bonds and other securities are under the said stocks, bonds and other securities."	and amount of coverage: ordium Assistant to the Tri y and Deposit Company of urich American Insurance, 000 maximum. Curities owned as of the re No stocks, bonds, or off eld physically in the report so, owned throughout the accordance with Section	f Maryland. Colonial American Casualty a e Company. The coverage provided cove eporting period in the actual possession or er securities owned by the Consortium at ting entity's offices, vaults or safety depos current year held pursuant to a direct cus!	and Surety Company, 140 ars embezzlement and/or i f the this time. it boxes, todial agreement ns, F. Outsourcing of	honesty Bond (a.k.a. Fide 0 American Lane, Shaum the misappropriation of fu	ality Bond) nburg, IL inds
b) . a) b)	If TI 60 an W M If	"Yes", give name of surety company, at the Consortium Treasurer and the Sec	nd amount of coverage: ordium Assistant to the Tra y and Deposit Company of urich American Insurance ,000 maximum. curities owned as of the re No stocks, bonds, or ott eld physically in the report es, owned throughout the accordance with Section ling Agreements of the No	f Maryland. Colonial American Casualty a company. The coverage provided cove eporting period in the actual possession of the securities owned by the Consortium at ting entity's offices, vaults or safety depos current year held pursuant to a direct cust	and Surety Company, 140 rs embezzlement and/ori f the this time. it boxes, todial agreement ns, F. Outsourcing of	honesty Bond (a.k.a. Fidd 0 American Lane, Shaum he misappropriation of fu Yes [X]	nburg, IL nburg, IL nds
b) b) '. a)	If TI 60 an W M If	"Yes", give name of surety company, at the Consortium Treasurer and the Sec	nd amount of coverage: ordium Assistant to the Tra y and Deposit Company of urich American Insurance ,000 maximum. curities owned as of the re No stocks, bonds, or ott eld physically in the report es, owned throughout the accordance with Section ling Agreements of the No	f Maryland. Colonial American Casualty a e Company. The coverage provided cover eporting period in the actual possession of the recurities owned by the Consortium at ting entity's offices, vaults or safety depos current year held pursuant to a direct cust 1, III – General Examination Consideratio AIC Financial Condition Examiners Handb	and Surety Company, 140 rs embezzlement and/ori f the this time. it boxes, todial agreement ns, F. Outsourcing of	honesty Bond (a.k.a. Fidd 0 American Lane, Shaum he misappropriation of fu Yes [X]	nburg, IL nburg, IL nds
b) b) '. a)	If TI 60 an W M If	"Yes", give name of surety company, at the Consortium Treasurer and the Section of the	nd amount of coverage: ordium Assistant to the Tra y and Deposit Company of urich American Insurance ,000 maximum. curities owned as of the re No stocks, bonds, or oth eld physically in the report es, owned throughout the accordance with Section ing Agreements of the Naic Final irements of the NAIC Final	f Maryland. Colonial American Casualty a e Company. The coverage provided cover eporting period in the actual possession of the recurities owned by the Consortium at ting entity's offices, vaults or safety depos current year held pursuant to a direct cust 1, III – General Examination Consideratio AIC Financial Condition Examiners Handb	and Surety Company, 140 rs embezzlement and/ori f the this time. it boxes, todial agreement ns, F. Outsourcing of	honesty Bond (a.k.a. Fidd 0 American Lane, Shaum he misappropriation of fu Yes [X]	nburg, IL nburg, IL nnds
b) b) . a)	If TI 60 an W M If	"Yes", give name of surety company, at the Consortium Treasurer and the Scandol of the Consortium Treasurer and the stocks, bonds, and other section of the Consortium Treasurer and the securities of the Consortium Treasurer and the securities and the securities and the securities are consortium to the securities are consortium to the securities and the securities are consortium to the securit	ordium Assistant to the Trivand Deposit Company of Urioh American Insurance, 2000 maximum. No stocks, bonds, or other to the Property of the Programment of the North American Insurance with Section of the North American Insurance with Section of the Naic Final Programments of the Naic Final Programment Prog	f Maryland. Colonial American Casualty a e Company. The coverage provided cover eporting period in the actual possession of the recurities owned by the Consortium at ting entity's offices, vaults or safety depos current year held pursuant to a direct cust 1, III – General Examination Consideratio AIC Financial Condition Examiners Handb	and Surety Company, 140 rs embezzlement and/ori f the this time. it boxes, todial agreement ns, F. Outsourcing of	honesty Bond (a.k.a. Fidd 0 American Lane, Shaum he misappropriation of fu Yes [X]	nburg, IL nburg, IL nds
b) b) '. a)	If TI 60 an W M If	"Yes", give name of surety company, at the Consortium Treasurer and the Scandol of the Consortium Treasurer and the stocks, bonds, and other section of the Consortium Treasurer and the securities of the Consortium Treasurer and the securities and the securities and the securities are consortium to the securities are consortium to the securities and the securities are consortium to the securit	ordium Assistant to the Trivand Deposit Company of Urioh American Insurance, 2000 maximum. No stocks, bonds, or other to the Property of the Programment of the North American Insurance with Section of the North American Insurance with Section of the Naic Final Programments of the Naic Final Programment Prog	f Maryland. Colonial American Casualty a e Company. The coverage provided cover eporting period in the actual possession of the recurities owned by the Consortium at ting entity's offices, vaults or safety depos current year held pursuant to a direct cust 1, III – General Examination Consideratio AIC Financial Condition Examiners Handb	and Surety Company, 140 rs embezzlement and/ori f the this time. it boxes, todial agreement ns, F. Outsourcing of	honesty Bond (a.k.a. Fidd 0 American Lane, Shaum he misappropriation of fu Yes [X]	nburg, IL nburg, IL nds
b) b)	If The State of th	"Yes", give name of surety company, at the Consortium Treasurer and the Consortium Treasurer as a subsidiary of 2 and each person is covered up to \$2,000 over all the stocks, bonds, and other security." "No", give location: excluding real estate and investments the rere all stocks, bonds and other securities with a qualified bank or trust company in critical Functions, Custodial or Safekeep or agreements that conform to the requirements that conform to the requirements of the conformation of the security. No stocks owned at this time	and amount of coverage: ortium Assistant to the Tri y and Deposit Company of urich American Insurance ,000 maximum. Ourities owned as of the re No stocks, bonds, or oth eld physically in the report esc, owned throughout the accordance with Section ing Agreements of the Naic irements of the Naic Final 2 Custodian's Address N/A	f Maryland. Colonial American Casualty a company. The coverage provided coverage pro	and Surety Company, 140 rs embezzlement and/ori f the this time. iit boxes, todial agreement ns, F. Outsourcing of book? mplete the following:	honesty Bond (a.k.a. Fidd 0 American Lane, Shaum he misappropriation of fu Yes [X]	nburg, IL nburg, IL nds
b) b) b)	If The State of th	"Yes", give name of surety company, an he Consortium Treasurer and the Consist overage is provided though Fidelith (1965. This company is a subsidiary of 2 and each person is covered up to \$2,000 over all the stocks, bonds, and other secticHBP on the said date? "No", give location: excluding real estate and investments he rere all stocks, bonds and other securities that a qualified bank or trust company in rittical Functions, Custodial or Safekeep or agreements that conform to the required Name of Custodian(s) No stocks owned at this time	nd amount of coverage: ortium Assistant to the Tre r and Deposit Company of unich American Insurance ,000 maximum. Curities owned as of the re No stocks, bonds, or othe eld physically in the report es, owned throughout the accordance with Section ing Agreements of the Naic Final Custodian's Address N/A or the requirements of the cordance with Section ing Agreements of the Naic Final Custodian's Address N/A	Maryland. Colonial American Casualty a company. The coverage provided provi	and Surety Company, 140 rs embezzlement and/ori f the this time. iit boxes, todial agreement ns, F. Outsourcing of book? mplete the following:	honesty Bond (a.k.a. Fidd 0 American Lane, Shaum he misappropriation of fu Yes [X]	nburg, IL nburg, IL nnds
b) b) b)	If The State of th	"Yes", give name of surety company, an he Consortium Treasurer and the stocks, bonds, and other set CHBP on the said date? "No", give location: "xxxluding real estate and investments he rere all stocks, bonds and other securitivith a qualified bank or trust company in critical Functions, Custodial or Safekeep or agreements that conform to the requirements and the same of the custodian solution and a complete explanation:	ortium Assistant to the Tra- rand Deposit Company of urich American Insurance, 000 maximum. No stocks, bonds, or otte eld physically in the report s, owned throughout the accordance with Section sing Agreements of the No irements of the NAIC Fina 2 Custodian's Address N/A	Maryland. Colonial American Casualty a company. The coverage provided by the Consortium at the constraint of the consortium at the coverage provided provide	and Surety Company, 140 rs embezzlement and/ori f the this time. iit boxes, todial agreement ns, F. Outsourcing of book? mplete the following:	honesty Bond (a.k.a. Fidd 0 American Lane, Shaum he misappropriation of fu Yes [X]	nburg, IL nburg, IL nds
b) b) c) b)	If The State of th	"Yes", give name of surety company, an he Consortium Treasurer and the Consist overage is provided though Fidelith (1965. This company is a subsidiary of 2 and each person is covered up to \$2,000 over all the stocks, bonds, and other secticHBP on the said date? "No", give location: excluding real estate and investments he rere all stocks, bonds and other securities that a qualified bank or trust company in rittical Functions, Custodial or Safekeep or agreements that conform to the required Name of Custodian(s) No stocks owned at this time	nd amount of coverage: ortium Assistant to the Tri y and Deposit Company of unich American Insurance ,000 maximum. Curities owned as of the re No stocks, bonds, or othe eld physically in the report es, owned throughout the accordance with Section ing Agreements of the Naic Final Custodian's Address N/A or the requirements of the cordance with Section ing Agreements of the Naic Final Custodian's Address N/A	Maryland. Colonial American Casualty a company. The coverage provided provi	and Surety Company, 140 rs embezzlement and/ori f the this time. iit boxes, todial agreement ns, F. Outsourcing of book? mplete the following:	honesty Bond (a.k.a. Fidd 0 American Lane, Shaum he misappropriation of fu Yes [X]	nburg, IL nburg, IL nds
b) b) c)	If TI 60 M M W W C C F. Is	"Yes", give name of surety company, at the Consortium Treasurer and the said date? "No", give location: excluding real estate and investments the rere all stocks, bonds and other securitivith a qualified bank or trust company in rittical Functions, Custodial or Safekeep or agreements that conform to the requirements that conform to the requirements that conform to the requirements that do not conform to continuous and a complete explanation: 1 Name of Custodian(s) No stocks owned at this time	nd amount of coverage: ortium Assistant to the Tri y and Deposit Company of urich American Insurance, 000 maximum. Curities owned as of the re- curities owned as of the re- curities owned as of the re- lied physically in the report es, owned throughout the accordance with Section sing Agreements of the Nuirements of the requirements of the 2 Custodian's Address N/A orthorough the requirements of the Location(s) N/A	Maryland. Colonial American Casualty a company. The coverage provided provi	and Surety Company, 140 rs embezzlement and/or i f the this time. tit boxes, todial agreement ns, F. Outsourcing of took? mplete the following:	honesty Bond (a.k.a. Fidd 0 American Lane. Shaum he misappropriation of fu Yes [X]	No []
b) b) b) b)	If TI 60 MM M W C C Foliation Is a constant of the constant of	"Yes", give name of surety company, an he Consortium Treasurer and the Section of the S	nd amount of coverage: ortium Assistant to the Tri y and Deposit Company of urich American Insurance, 000 maximum. Curities owned as of the re- curities owned as of the re- curities owned as of the re- lied physically in the report es, owned throughout the accordance with Section sing Agreements of the Nuirements of the requirements of the 2 Custodian's Address N/A orthorough the requirements of the Location(s) N/A	Maryland. Colonial American Casualty a company. The coverage provided by the Consortium at the securities owned by the Consortium at the securities of the securities owned by the Consortium at the securities of	and Surety Company, 140 rs embezzlement and/or i f the this time. tit boxes, todial agreement ns, F. Outsourcing of took? mplete the following:	honesty Bond (a.k.a. Fidd 0 American Lane, Shaum he misappropriation of fu Yes [X]	nburg, IL nburg, IL nds
b) b) c)	If Figure 1 is a constant of the constant of t	"Yes", give name of surety company, an he Consortium Treasurer and the subsidiary of 2 and each person is covered up to \$2,000 and each person is covered and each person is covered up to \$2,000 and each	nd amount of coverage: ortium Assistant to the Tri y and Deposit Company of urich American Insurance ,000 maximum. Curities owned as of the re No stocks, bonds, or otte eld physically in the report es, owned throughout the accordance with Section sing Agreements of the NA irements of the NAIC Fina 2 Custodian's Address N/A by the requirements of the 2 Location(s) N/A So of the MCHBP passed un N/A To or any other person or for	Maryland. Colonial American Casualty a company. The coverage provided by the Consortium at the securities owned by the Consortium at the securities of the securities owned by the Consortium at the securities of	and Surety Company, 140 rs embezzlement and/or i f the this time. tit boxes, totalal agreement ns, F. Outsourcing of took? mplete the following:	honesty Bond (a.k.a. Fidd 0 American Lane, Shaum he misappropriation of fu	No [] No []
b) b) c) c)	If TITE OF THE STATE OF THE STA	"Yes", give name of surety company, an he Consortium Treasurer and the Consortium Treasurer and the Consortium Consortium Treasurer and the Consortium Con	nd amount of coverage: ortium Assistant to the Tri y and Deposit Company of urich American Insurance ,000 maximum. Curities owned as of the re No stocks, bonds, or otte eld physically in the report es, owned throughout the accordance with Section sing Agreements of the NA irements of the NAIC Fina 2 Custodian's Address N/A by the requirements of the 2 Location(s) N/A So of the MCHBP passed un N/A To or any other person or for	Maryland. Colonial American Casualty a company. The coverage provided by the Consortium at the constitution of the constitution of the control o	and Surety Company, 140 rs embezzlement and/or i f the this time. tit boxes, totalal agreement ns, F. Outsourcing of took? mplete the following:	honesty Bond (a.k.a. Fidd 0 American Lane. Shaum he misappropriation of fu Yes [X]	No []
b) b) c) c)	If TITE OF THE SECOND S	"Yes", give name of surety company, an he Consortium Treasurer and the Consortium Treasurer and the Consortium Consortium Treasurer and the Consortium Con	nd amount of coverage: ortium Assistant to the Tri y and Deposit Company of urich American Insurance ,000 maximum. Curities owned as of the re No stocks, bonds, or otte eld physically in the report es, owned throughout the accordance with Section sing Agreements of the NA irements of the NAIC Fina 2 Custodian's Address N/A by the requirements of the 2 Location(s) N/A So of the MCHBP passed un N/A To or any other person or for	Maryland. Colonial American Casualty a company. The coverage provided by the Consortium at the constitution of the constitution of the control o	and Surety Company, 140 rs embezzlement and/or i f the this time. tit boxes, totalal agreement ns, F. Outsourcing of took? mplete the following:	honesty Bond (a.k.a. Fidd 0 American Lane, Shaum he misappropriation of fu	No [] No []
b) b) c) c)	If IT!	"Yes", give name of surety company, an he Consortium Treasurer and the Consortium Treasurer and the Consortium Consortium Treasurer and the Consortium Con	and amount of coverage: ortium Assistant to the Trivand Deposit Company of the C	Maryland. Colonial American Casualty a company. The coverage provided by the Consortium at the constitution of the constitution of the control o	and Surety Company, 140 rs embezzlement and/or i f the this time. iit boxes, todial agreement ns, F. Outsourcing of rook? mplete the following:	honesty Bond (a.k.a. Fidd 0 American Lane, Shaum he misappropriation of fu	No [] No []
b) b) c) c) b)	If IT IT IS A SECOND IS A SECOND IN IT IS A SECO	"Yes", give name of surety company, an he Consortium Treasurer and the Consortium Treasurer and the Consortium Treasurer and the Consortium Consortium Treasurer and the Consortium Consort	nd amount of coverage: ortium Assistant to the Tri y and Deposit Company of urich American Insurance, 000 maximum. No stocks, bonds, or ott eld physically in the report es, owned throughout the accordance with Section sing Agreements of the No irements of the NAIC Fina 2 Custodian's Address N/A or the requirements of the Location(s) N/A N/A IN/A IN/A Or or any other person or ficial statements?	f Maryland. Colonial American Casualty a company. The coverage provided coverage pro	and Surety Company, 140 rs embezzlement and/or i f the this time. it boxes, todial agreement ns, F. Outsourcing of look? mplete the following: dbook, provide the name, a subordinate gainst the	honesty Bond (a.k.a. Fidd 0 American Lane, Shaumhe misappropriation of full Yes [X] Yes [X] Yes [X] Yes []	No [] No [] No [X]

STATEMENT AS	OF June 30, 2016 OF THE <u>Greater Tompkins County Municipal Health Insurance Cons</u> (Quarter Ending) (Name)	опіит	
	GENERAL INTERROGATORIES (Continued)		
11, a) b)	What is the percentage that the MCHBP uses for its claims payable reserve? Is the percentage used for claims payable reserve equal to the minimum requirement of 25% as per Insurance Law § 4706(a)(1)?	Yes[]	No [X]
c)	If b) is "No", did the MCHBP file a request to use a lower percentage with the Department of Financial Services as per Insurance Law § 4706(a)(1)?	Yes [X]	No[]
d)	If c) is "Yes", answer the following: i) When was the request filed with the Department of Financial Services?	Date:	11/08/13
	ii) When was the request approved?	Date:	N/A
	iii) If approved, please attach a copy of the approval letter.		
12. a)	Does the MCHBP set up its claim liability for hospital and other medical services on a service date basis?	Yes [X]	No[]
b)	if No, give details: N/A		
	N/A		No [X]
13. a) b)	Was the MCHBP's prior year's annual statement amended? If yes, furnish the following information regarding the last amendment to the prior year's annual statement	v -	
	filed with the MCHBP's state of domicile i) Amendment number No. 1		
	ii) Date of amendment 8/12/2016 Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate		
14.	committees thereof?	Yes [X] None	No[]
15. a)	Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?		
p)	List the name of the firm and the amount paid if any such payment represented 5% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.		
	Name Amount Paid		
	N/A		
16. a)	Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next 90 days?	Yes[]	No[X]
b)	If a) is "Yes", provide the following:		
	i) Anticipated date of distribution.	Date: N/A	-
	ii) Anticipated amount of distribution.	N/A	-
17. a)	Has the MCHBP's current community rating methodology been filed with and approved by the superintendent as required by § 4705(d)(5)(B) of the New York insurance Law?	Yes [X]	No[]
b)	If a) is "Yes", answer the following:		_
	i) When was the request filed with the Department of Financial Services?	Date; <u>03/18/15</u>	_
	ii) When was the request approved?	Date: <u>03/18/15 -</u>	letter not a
	iii) If approved, please attach a copy of the current community rating methodology as well as the approval letter.		
c)	If a) is "No", give particulars, including when the community rating methodology will be filed with the Department of Financial Services:		
	This information was submitted as part of our application process to the state and was approved at that time		
	A defacto authorization has been deemed to be received as the Consortium received a Certificate of Authority to operate on 10/1/10		
18. a)	Does the MCHBP maintain Stop-loss insurance as required by Insurance Law Section 4707(a)?	Yes [X]	No[]
b)	(f a) is "No", was a waiver granted pursuant to Section 4707(b) of the Insurance Law?	Yes []	No[]
c)	If b) is "Yes", answer the following		
	l) When was the request filed with the Department of Financial Services?	Date:	
	ii) When was the request approved?	Date:	_
	iil) If approved, please attach a copy of the approval letter.		
d)	If b) is "No", the MCHBP is in violation of Section 4707(a) of the Insurance Law. Please explain how the MCHBP intents to correct this violation?		
	AND THE RESIDENCE OF THE PERSON OF THE PERSO		
40	Has the MCHBP changed its CPA since the last Annual Statement filing?	Yes[]	No[X]
19. a)	l) If answer is Yes, did the MCHBP submit the required notifications as outlined in New York State Department of Financial Services	Yes[]	No[]
	Insurance Regulation No. 118 (11NYCRR 89.4(c))?		
	ii) If answer is No, please attach the required notifications to this submission. In addition, please provide the following information for the new CPA:		
	iii) Name iv) Address		
	19/ FINANCON		
	v) Telephone Number		
	vi) Email Address		

OF THE <u>Greater Tompkins County Municipal Health Insurance Consortium</u> (Name)

SCHEDULE A — CASH AND CASH EQUIVALENTS

	2	3	4	5	6	7	8	9
1 Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Received During Current Quarter	Amount of Interest Due & Accrued at end of Current Quarter	Balance
Depository Cash	XXX	XXX	XXX	xxx	xxx	xxx	xxx	XXX
Tompkins Trust Company	xxx	XXX	0.095	XXX	xxx	5,997		15,736,831
rompany		xxx		xxx	xxx			
		XXX		xxx	XXX			
		XXX		xxx	XXX			
		XXX		xxx	XXX			
		XXX		xxx	XXX			
		XXX		XXX	xxx			
		XXX		xxx	XXX			
		XXX	1	XXX	XXX			
		XXX		XXX	XXX			
_	xxx	XXX	xxx	XXX	XXX	5,997		15,736,831
0199999 Total Cash on Deposit		XXX	XXX	XXX	XXX	xxx	XXX	
0299999 Cash in Company's Office 0399999 Total Cash	XXX	XXX	XXX	XXX	XXX	5,997		15,736,831
Description Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999 Total Cash Equivalent	XXX	XXX	XXX	XXX	\$ -	\$ 5,997	- S -	\$ 15,736,831
0599999 Total Cash and Cash Equivalent	XXX	XXX	1 ***	***	•	σ 5,997	-	10,700,001
NOTE: Negotiable certificates of deposit to be report	ted in Schedule B.							

SCHEDULE B — INVESTMENTS

	SCH	3	4	5	6	7	8
CUSIP	2			Fair Value	6 Book/Adjusted Carrying Value	Acquired	8 Stated Contract Maturity Date
Identification	Description	Par Value	Actual Cost	Fair Value	Carrying value	Acquired	Widterity Date
		\$ interpretation of the second	•	c	\$ -	XXX	XXX
9999	Total bonds	3					
1 CUSIP	2	3 Number of	4 Par Value	5	6 Fair	7 Book/Adjusted Carrying Value	8 Date
Identification	Description	Shares	per Share	Actual Cost	Value	Carrying Value	Acquired
XXX	List Preferred Stocks	XXX	XXX	XXX	XXX	· XXX	XXX
			_				
		Oct.					
9999	Total Preferred Stocks		XXX	\$			m , , , , ,
19999 XXX	Total Preferred Stocks List Common Stocks	XXX	XXX	\$ XXX	s xxx	S XXX	XXX
		XXX					
		XXX	XXX XXX XXX XXX				
		XXX	XXX XXX XXX				
		XXX	XXX XXX XXX XXX XXX XXX				
		XXX	XXX XXX XXX XXX XXX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX				
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		XXX	XXX XXX XXX XXX XXX XXX XXX XXX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX				
39999 XXX		XXX	XXX XXX XXX XXX XXX XXX XXX XXX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX				
		XXX	XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX		XXX

OF THE

Greater Tompkins County Municipal Health Insurance Consortium (Name)

SCHEDULE C — PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all Municipal Corporations with account balances the greater of 10% of gross Premiums Receivable or \$5,000.

		2	3	4	5	9
Name of Debtor	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Non-Admitted	Admitted
ns Cortland Community College	307,502	18,008	8,252		•	\$ 333,762
					1	•
					1	1
					,	
					•	
						i
						•
					1	1
					-	•
						•
0199999 Individually Listed Receivables	307,502	18,008	8,252	1		333,762
0299999 Receivables Not Individually Listed					•	1
0200000 Grant Drawing Danimahla	307 502	18 008	8 252	1	· ·	333,762
USSSSSS CIOSS FIGURIES INCCCIVADIG	200,100	00.0	1010			
0499999 Less Allowance for Doubtful Accounts				19		
0599999 Premiums Receivable					•	333,762

STATEMENT AS OF	June 30, 2016 (Quarter Ending)	OF THE	i <u>reater Tompkins County Municipal Health Insurance Consort</u> (Name)
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N.Y. SCHEDULE F — QUARTERLY UNPAID CLAIMS DEVELOPMENT SCHEDULE

A	Claims Paid During the	Current Fiscal Year	Claims Unp of Current C Estimated Lic of Curren	Quarter Viz: ability at End	F Total Claims Paid During the Fiscal Year and Claims Unpaid	G Estimated	H
Description of Claims	B On Claims Incurred Prior to the Current Fiscal Year	C On Claims Incurred During the Current Fiscal Year	D On Claims Unpaid at End of Previous Year	E On Claims Incurred During the Year	at End of Current Quarter on Claims Incurred in Prior Years (B + D)	Liability of Unpaid Claims at End of Previous Fiscal Year	Amount Unpaid Claims is Over or (Under) Reserved
Hospital & Medical Claims	2,730,276	11,495,806	-	3,813,288	2,730,276	3,170,639	440,363
2. Drug Claims	(1,945)	5,102,527		22,647	(1,945)	461,250	463,195
3. Other	-	<u></u>			2 700 004	2 624 990	903,558
4, TOTAL	2,728,331	16,598,333	-	3,835,935	2,728,331	3,631,889	903,336

NOTE: The sum of the amounts reported on Line 4, Column D+E must equal the amount reported on Page NY 3, Line 1, Column 1

NOTE: The amount reported on Line 4, Column G must equal the amount reported on Page NY 3, Line 1, Column 2

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Greater Tompkins County Municipal Health Insurance Consortium

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SCHEDULE G — ACCOUNTS PAYABLE

Individually list all creditors of \$5,000 or more or 10% of total trade accounts payable, whichever is larger. Group the total of all other payables and enter on the line titled, "Aggregate Accounts Not Individually Listed - Due". Report accounts payable from the initial date of billing or due date under contract.

c	٥	1	273	3,000	469,608	1,184	1,022	21,514		1	•		•	1	•	1	1	I .	496,601		1	
ı	ဂ	Over 120 Days																				
	4	91 - 120 Days														9						A. C.
	m	61-90 Days																				
	2	31-60 Days																				
	~	1-30 Days	273	3,000	469,608	1,184	1,022	21,514											496,601			
		Account	Tompkins County Board of Representatives	Armory Associates	Proact, Inc	Don Barber	Locey & Cahill, LLC	Excellus BCBS											0199999 Total Accounts Payable - Individually Listed	UZ99999 Aggregate Accounts Not Individually Listed - Due	0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due	

The columns for future quarters should be left blank; however, all previous quarters and prior year end columns should be completed. In addition, please note that you are not to add the current quarter to the previous quarter or prior year end values as these columns are an actual count as of the last day of the quarter and are not cumulative.

SCHEDULE I-1 — PARTICIPATING MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS)

В	С	D	E	F
Prior Year End	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
17	20	20		
	Prior Year End	Prior Year End 1st Quarter	Prior Year End 1st Quarter 2nd Quarter	Prior Year End 1st Quarter 2nd Quarter 3rd Quarter

SCHEDULE I-2 — EMPLOYEES AND RETIREES OF THE MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS) ENROLLED

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of employees and retirees enrolled	2,294	2,306	2,321		

SCHEDULE I-3 — ENROLLMENT DATA (PARTICIPANTS)

A	B Prior	С	D	Е	F
	Year End	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number of total lives covered	15,046	15,175	15,168		

OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

SCHEDULE K —CALCULATION OF SURPLUS PER SECTION 4706(a)(5)

1.	Number	of patic	pating	Municipal	Corporations	(or school	districts)
----	--------	----------	--------	-----------	--------------	------------	------------

Number of paticipating Municipal Corporations (or school districts)
 Number of enrolled members
 Maintains Stop-loss insurance as required by 4707(a)
 Percentage used to calculate the Surplus per Section 4706(a)(5)
 Annualized Net premium income
 Surplus per Section 4706(a)(5) using Annualized Net Premium Income
 Surplus per Section 4706(a)(5) From last Fiscal Year Statement
 Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1

Current	Quarter
	20
	2,321
Y	es
5.0	0%
and a religion of	38,391,486
	1,919,574
	1,879,368
	1,919,574

OF TH

	OW PAGE FOR WR	ITE-INS			
	Current Quarter	Prior Year to Date	Previous Year *	Current Quarter 4	Previous Year * 5
	1 Total	2 Total	Total	PMPM	PMPM
NV 0	Total	Jotai	Total		
age NY 2 ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
TEM 8 FOR INVESTED ASSETS				VVV	~~~
806.				XXX	XXX
807.				XXX	XXX
808.				XXX	XXX
1809. <u> </u>	1,00			XXX	XXX
0898. TOTALS (Items 0806 thru 0810)				XXX	XXX
Page NY 2 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
TEM 16 FOR OTHER THAN INVESTED ASSETS					CA1260
606.				XXX	XXX
607.				XXX	XXX
608.				XXX	XXX
609.				XXX	XXX
610 1698. TOTALS (Items 1606 thru 1610)	UIU O MATERIA		MARKON STATES	XXX	XXX
odd. To mile (nome 1772 and 1993)					
Page NY 3					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				1	
TEM 10 FOR OTHER LIABILITIES				xxx	XXX
006.				XXX	XXX
008.				XXX	XXX
1009.				XXX	XXX
010		NIEK PATALSE		XXX	XXX
098. TOTALS (Items 1006 thru 1010)					
Page NY 3					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
TEM 15 FOR CURRENT LIABILITIES				xxx	xxx
1506.				XXX	XXX
507.				XXX	XXX
508.				XXX	XXX
510.				XXX	XXX
598. TOTALS (Items 1506 thru 1510)			en system -	XXX	XXX
SOURCE STATE OF THE STATE OF TH					
Page NY 3 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
TEM 17 FOR SPECIAL SURPLUS FUNDS				T ₁	
1706.				XXX	XXX
1707.				XXX	XXX
1708.				XXX	XXX
1709.				XXX	XXX
1710				XXX	XXX
1750: TOTALO (Notice 1760 and 1716)					
Page NY 4					e e
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0406 0407.					
0408.					
0409.					
0410.		The same through			
0498. TOTALS (Items 0406 thru 0410)		-			
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
TEM 13 FOR OTHER HOSPITAL AND MEDICAL				THE RESERVE THE PARTY OF THE PA	
1306.					
1307.				County Office	
1309.				PROFILE AND A	
1310.					
1398. TOTALS (Items 1306 thru 1310)					
Doro NV 4		-			
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		-		-	
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES 1506.					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES 1507. 1508.					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES 1506				80.70 (d. 1980) 144	
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 15 FOR OTHER EXPENSES 1506. 1507. 1508. 1509.					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES 1506. 1507. 1508. 1510.					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES 1506. 1507. 1508. 1509. 1510. 1599. TOTALS (Items 1506 thru 1510)				-	
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^{*} As reported on Prior Year End filed Annual Statement.

STATEMENT AS OF

June 30, 2016 (Quarter Ending)

^{*} As reported on Prior Year End filed Annual Statement.